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BRIT MILAH IS NOT A MEDICAL PROCEDURE*

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We've observed that the word "circumcision" often has a chilling effect on casual conversations, and we imagine at least two plausible explanations for that effect: Circumcision involves a "surgical" procedure on a sex organ, which by itself is enough to make some people queasy. Moreover, it entails a religious ritual that is controversial, even among some Jews.

What makes *brit milah* (ברית מילה), the ritual of circumcision, controversial?

The critics of ritual circumcision have a number of points to make, arguing:

- It is needlessly risky, involving trauma, pain, and potential medical complications, including excess bleeding, infection and ulceration, and occasionally permanent damage to the organ;
- It results in "diminished sexual sensation";
- It is done without informed consent; and
- It is without proven medical benefit.

Let's first consider the most troubling allegations, particularly those that are said to have a clear-cut scientific basis.

What is the scientific proof that circumcision involves trauma?

We recognize two types of trauma, physical and psychological. After a century of widespread medically performed circumcisions, the evidence is that the procedure does *not* produce "serious injury or shock to the body" when performed competently—certainly far less than any number of popular elective cosmetic surgeries, which we'll return to momentarily.

Regarding emotional trauma, ordinarily defined as "substantial, lasting damage to the psychological development of the person," the so-called scientific indictment of circumcision is an indefensible exaggeration. While many scientific studies report infant pain-reactions to circumcision, we have not

discovered any randomized surveys that query adult men on the subject. What the anecdotal literature does show is that typically when the procedure is performed on infants and very young children, they have no recollection of the event in later life, even as teenagers. And although far from a scientific survey, not one of dozens of men we have asked over the years had any recollection of his circumcision or any inkling that the procedure, per se, in any way affected his psychological development.

One of the reported "scientific findings" regarding circumcision is that it reduces sexual pleasure. One can imagine the critics of the practice happily anticipating the negative impact of these reports on the performance of various religious circumcision rites. But at best what we have here is scientifically *speculative* studies; that is, scientists speculating on what ought to be the predictable effects of circumcision on sexual pleasure later in life. After reviewing hundreds of refereed journal articles on the subject, we have not found any controlled studies demonstrating this "scientific finding."

We have, however, found two studies reporting randomized clinical trials that show circumcision not to have any adverse effects on sexual pleasure or performance.¹ We have also found a recent controlled experiment which unequivocally demonstrated that circumcision does not reduce the sensitivity of the penis.² And we have the conclusions

¹ See Brian J. Morris and John N. Krieger, "Does male circumcision affect sexual function, sensitivity or satisfaction?—a systematic review," *Journal of Sexual Medicine*, 10(11):2644-2657 (2013); and Y. Tian, W. Liu, J.Z. Wang, et al. "Effects of circumcision on male sexual functions: a systematic review and meta-analysis," *Asian Journal of Andrology*, 15(5):662-666 (2013).

² See Jennifer A. Bossio, Caroline F. Pukall, and Stephen S. Steele, "Examining Penile Sensitivity in Neonatally Circum-

of one peer-reviewed journal *editorial*: “The anti-circumcision lobby is committed to the emotional—not scientific—discussion of this issue. Their major contention is that circumcised men experience less sexual satisfaction than uncircumcised men. As evidence, they cite several single-sided questionnaire studies with poor scientific validity suggesting that circumcised men have decreased sensation and less satisfaction with sexual function. We reviewed a series of men undergoing adult circumcision for phimosis, balanitis, condyloma, redundant foreskin, or elective reasons. Following circumcision, they reported improved sexual satisfaction due to a more pleasing penile appearance and less pain than before circumcision.”³

Several reputable medical studies have found the seemingly contradictory result that, after circumcision of adults, patients report both decreased penile sensitivity *and* greater sexual satisfaction.⁴

But for the moment let’s entertain the idea that there is a reduction in adult sexual pleasure as a result of circumcision at birth. Are we then about to discover a large constituency—nay, even a small contingent—of Jewish or Muslim men who, bemoaning their involuntary loss of sexual pleasure, have committed themselves to sparing their sons the same disappointing disability? If so, their protest of circumcision as a “barbaric ritual” has not been reported in any of the scholarly journals or popular periodicals.

In our conversations with Jewish men in recent years, the consensus reaction to the claim of reduced sexual pleasure from circumcision was that they could not imagine experiencing more pleasure than what they had actually known.

But nonetheless, for the sake of fully exploring the criticism, let’s say the claim is true, even if only marginally. Why aren’t the critics of circumcision equally vehement about body-piercing, facial Botox treatments, breast augmentation, and tattooing? All these popular practices run the risk of infection, pain, permanent disfigurement, and even death,⁵ but often only to “improve” one’s physical

cised and Intact Men Using Quantitative Sensory Testing, *Journal of Urology* (in press), in which the authors concluded: “Findings suggest that minimal long-term implications for penile sensitivity exist as a result of surgical excision of the foreskin during neonatal circumcision. Additionally, this study challenges past research suggesting that the foreskin is the most sensitive part of the adult penis.”

³ See Culley C. Carson, “To circumcise or not to circumcise? Not a simple question.” *Contemporary Urology*, 15(7):11 (July 2003).

⁴ For example, see Richard Sadovsky, “Adult circumcision, sexual function, and satisfaction.” *American Family Physician*, 66(6):1080 (September 15, 2002).

⁵ A well-publicized example of the dangers of cosmetic surgery was the death of Solange Magnario, the 1994 Miss Argentina, who died from complications after undergoing surgery on her buttocks in November of 2009. See also: Denise Grady, “Breast

appearance.⁶ In the overwhelming majority of cases, no higher or noble purpose is served, although several do enrich medical practitioners.

The most obvious defect in the argument that circumcision reduces sexual pleasure is that it underestimates the extraordinarily powerful psycho-emotional components of such pleasure. It’s self-evident that one who enters and sustains a relationship with a much greater commitment and capacity to promote and accept loving-kindness and justice—these ideals are central to the purposes and effects of entry into the covenant of circumcision (more about which momentarily)—may well experience greater intellectual, emotional, and spiritual intimacy, as well as increased longevity of such intimacy, which in turn are primary sources of heightened sexual intimacy and pleasure.⁷

The notion of informed consent in matters of childrearing, particularly regarding medical and psychological decisions affecting infants, is a non-starter. During their children’s early years, parents must continually make decisions that affect their physical and psychological well being, almost always without their informed consent. Consider the definition of informed consent in the Nuremberg Code, which requires:

- Legal capacity to give consent;
- Ability to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other form of constraint or coercion; and
- Sufficient knowledge and comprehension of the subject matter and the elements involved as to enable one to make an informed and enlightened decision.

Given these conditions, informed consent by an infant or small child is an oxymoron.

In their thoughtful and thorough consideration of the ethical issues raised by neonatal male circumcision, Michael Benatar and David Benatar conclude: “. . . Circumcision is neither a compelling prophylactic measure [for all populations] nor a form of child abuse [when analgesia is used]. For this reason, nontherapeutic circumcision of infant boys is a suitable matter for parental discretion.”⁸

Implants Are Linked to Rare but Treatable Cancer, F.D.A. Finds,” *New York Times* (January 26, 2011).

⁶ For example, see Gardiner Harris, “Group Seeks New Warning About Botox,” *New York Times* (January 25, 2008).

⁷ For more detailed consideration of the link between intimacy and sexual pleasure, see our article, “Lifelong Erotic Sex in Marriage: Replacing Infatuation with Intimacy” (online at www.gatherthepeople.org/Downloads/EROTIC_SEX.pdf).

⁸ See ‘Between Prophylaxis and Child Abuse: The Ethics of Neonatal Male Circumcision,’ *American Journal of Bioethics*, 3(7):43, 45 (Spring 2003).

A 2014 study, which provides an extensive risk-benefit analysis and reports that the benefits of neonatal circumcision “exceed the risks by at least 100 to 1,” concludes: “Because infant male circumcision is not prejudicial to the health of children but rather is beneficial, it does not violate Article 24(3)” of the United Nations Convention on the Rights of the Child (UNCRC). On the contrary, the UNCRC Article has even been construed as requiring circumcision. The authors note that under the circumstances, “As with vaccination, circumcision of newborn boys should be part of public health policies.”⁹

Regarding the claim that circumcision does not have any proven medical benefits, contradictory articles have been rife for years in professional and popular literature. Advocates on the various sides of the issue have marshaled new findings from week to week to promote their polemics.

However, the findings of a study of 3,000 men in South Africa showed conclusively that circumcised men were “more than 60% less likely than uncircumcised men to be infected with HIV when having sex with infected female partners.”¹⁰ A study in India found similarly that circumcised men were infected at a rate eight times less than uncircumcised men. A *New York Times* editorial concluded: “The South African study is the first to offer a high scientific standard of evidence that circumcision is responsible.”¹¹

The National Institute of Health halted two clinical trials, in Kenya and Uganda, concluding: “Circumcision appears to reduce a man’s risk of contracting AIDS from heterosexual sex by half . . .”¹² Under the circumstances, not making circumcision available to all the men in these studies would have been unethical.

Additional findings, published in the British medical journal *The Lancet*, as reported in the *New York Times*, indicated “Circumcision may provide even more protection against AIDS than was realized when the two clinical trials in Africa were

stopped. . . ”¹³—reducing a man’s risk by as much as 65 percent.

We might expect the anti-circumcision lobby to be permanently silenced by the decision of the World Health Organization (WHO) when it “. . . officially recommended circumcision as a way to prevent heterosexual transmission of the AIDS virus . . . , setting the stage for donor agencies to begin paying for the operation.”¹⁴

As the *New York Times* reported regarding the WHO action, “The organization’s recommendation represents a triumph for a few public health experts who argued for years—in the face of skepticism from prominent scientists—that circumcision had a protective effect.” An interesting insight into the intensity of ideological opposition to circumcision in some scientific circles was revealed by a group of U.S. physicians. Before the South African study began, they took the unscientific position that “. . . no matter what evidence . . . was discovered . . . , [it] would have no impact on what the group thinks.”

One ironic and gratifying development in the attack on Jewish tradition was reported in the *Chicago Tribune*: “With the support of the Hadassah Medical Organization, which runs Israel’s main university hospital in Jerusalem and has provided most of the budget and equipment, the Jerusalem AIDS Project has sent three delegations of surgeons to teach adult circumcision in Swaziland. The southern African nation has the highest prevalence of AIDS in the world—26 percent in a population of about 1 million.”¹⁵

With nearly two decades of experience providing circumcisions to thousands of immigrants from the Former Soviet Union, Israeli doctors are now lending their knowledge and skill on a large scale to the fight against AIDS in Africa. Agency experts believe that “. . . every five to 15 circumcisions . . . will prevent one person contracting HIV/AIDS.” The training provided by the Israeli doctors enables their African counterparts to do not the usual two to three circumcisions a day, but 40. After having accomplished 600,000 circumcisions, African governments working with the United Nations and the United States now have a five-year plan to carry out 20 million adult circumcisions.¹⁶

⁹ See Brian J. Morris, Stefan A. Bailis, and Thomas E. Wiswell, “Circumcision Rates in the United States: Rising or Falling? What Effect Might the New Affirmative Pediatric Policy Statement Have?” *Mayo Clinical Proceedings* (2014—article in press) [<http://www.mayoclinicproceedings.org/article/S0025-6196%2814%2900036-6/fulltext>].

¹⁰ “International AIDS Society Conference Update: Male Circumcision As A Prevention method,” *AIDS Alert* (September 1, 2005).

¹¹ “Preventing the Spread of AIDS,” *New York Times* (October 12, 2005).

¹² Donald G. McNeil, Jr., “Circumcision Halves H.I.V. Risk, U.S. Agency Finds,” *New York Times* (December 14, 2006). See also, Tina Rosenberg, “A Real-World AIDS Vaccine,” *New York Times* (January 14, 2007).

¹³ Donald G. McNeil, Jr., “Circumcision’s Anti-AIDS Effect Found Greater Than First Thought,” *New York Times* (February 23, 2007).

¹⁴ “W.H.O. Urges Circumcision to Reduce Spread of AIDS,” *New York Times* (March 29, 2007).

¹⁵ Joel Greenberg, “Israeli Expertise in Ritual Helps Africa Combat AIDS” (July 8, 2008).

¹⁶ Nathan Jeffay, “Israeli Circumcision Experts Head to Africa,” *The Jewish Daily Forward* (December 26, 2011) [online at www.forward.com/articles/148519/?p=all].

Controversy about the value of circumcision should have ended on a celebratory note with the appearance of an article on the subject published in the *New England Journal of Medicine* in March 2009. It reported that in an HIV study based on research in Uganda, male circumcision reduced the risk of infection from human papillomavirus (HPV) by 35 percent and herpes simplex virus 2 (HSV-2) by 28 percent.¹⁷ The study concluded: “In addition to decreasing the incidence of HIV infection, male circumcision significantly reduced the incidence of HSV-2 infection and the prevalence of HPV infection, findings that underscore the potential public health benefits of the [circumcision] procedure.”

In a similar vein, research findings released in March 2012 indicated that men circumcised before their first sexual encounter have a 15 percent lower incidence of prostate cancer than uncircumcised men or those who were circumcised after they first had sex.¹⁸ In a study published in May of 2014, the authors concluded: “Our findings provide novel evidence for a protective effect of circumcision against prostate cancer development, especially in those circumcised aged ≥ 36 years; although circumcision before the age of 1 year may also confer protection. Circumcision appeared to be protective only among Black men, a group that has the highest rate of disease.”¹⁹

In a 2012 Circumcision Policy Statement Abstract published by the American Academy of Pediatrics, the Task Force on Circumcision declared: “Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure’s benefits justify access to this procedure for families who choose it.” The Policy Statement itself noted: “The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent; most are minor, and severe complications are rare.”²⁰

Finally, we now have compelling cost-benefit findings—to wit: “A cost-effectiveness study that considered only infant urinary tract infections and sexually transmitted infections (STIs) found that if male circumcision rates were to decrease to the

levels of 10% typically seen in Europe, the additional direct medical costs in infancy and later for treatment of these among 10 annual birth cohorts would exceed \$4.4 billion. . . .”²¹

Of course, *brit milah* is not primarily to be considered as a medical procedure—the name says it all. The Jewish people have long understood the powerful covenantal purpose furthered by circumcision, which is irrelevant to the medical and social critics of the procedure, although frequently it is the subtext of their barely disguised ridicule. Undoubtedly, it is adherence to that covenant that has fostered the hallmark commitment of the Jewish people to loving-kindness and justice. Some slight, as yet unproven, loss of sexual pleasure may not be an excessive price to pay for 3,000 years of such unwavering commitment by a whole people.

From our point of view, *brit milah* is a *spiritual discipline* that focuses, first, not on the subject of the ritual, but on those who carry it out—parents, family members, and friends, the community’s representatives and, ultimately, our entire people. It’s a common mistake to think that only the baby, the parents, and the *mohel* (ritual circumciser) are intimately involved in this ritual.

In addition we have the direct involvement of the following protagonists:

- The *kvater* and *kvaterin*, usually a married couple who are close to the parents, who carry the baby from the mother, in a private room, to the room where the *brit milah* will take place, and then carry the baby back to the mother.
- The person who has the honor of placing the baby on the ceremonial chair of Eliyahu and then removing the baby from the chair.
- The *sandek* usually the baby’s grandfather, who holds the baby during the surgical procedure.
- The *sandek meumad* who holds the baby after the surgery, during the remainder of the ceremony.
- The person who recites the two blessings—*borei p’ri hagafen* and *koret ha-brit*—after the surgery.
- The person who recites the prayer that announces the baby’s Hebrew name.
- And the *mezamen* who leads the *birkat hamazon*, the grace after the festive meal that follows the ceremony.

Circumcision is initially the obligation of the father or, if the father is not present, the local *bet din* (rabbinic court). Parenthetically, if it has not been done by the time a boy reaches the age of 13, he has an immediate positive obligation to assume responsibility for his own *milah*.

¹⁷ *New England Journal of Medicine*, 360 (13):1298-1309 (March 26, 2009). See also: Donald G. McNeil, Jr., “Uganda: Male Circumcision May Help Protect Sexual Partners Against Cervical Cancer,” *New York Times* (January 17, 2011).

¹⁸ See Jonathan L. Right, Daniel W. Lin, and Janet L. Stanford, “Circumcision and the risk of prostate cancer,” *Cancer*, 118(18):4437-4443 (September 15, 2012).

¹⁹ See Andrea R. Spence, Marie-Claude Rousseau, Pierre I. Karakiewicz‡ and Marie-Élise Parent, “Circumcision and prostate cancer: a population-based case-control study in Montréal, Canada,” *BJU International* (doi: 10.1111/bju.12741).

²⁰ From *Pediatrics*, 130(3): 585-586 (September 2012).

²¹ See Brian J. Morris, Stefan A. Bailis, and Thomas E. Wiswell, “Circumcision Rates in the United States: Rising or Falling? What Effect Might the New Affirmative Pediatric Policy Statement Have?” p. 6.

As Rabbi Samson Rafael Hirsch (1808-1888) teaches us, *brit milah* serves to strengthen the resolve of the father particularly, but certainly the mother as well, to bring up the newborn son to a “true strong adherence to a Torah life before God.”

And then there are the family, friends, and representatives of the community who are present and invariably feel deeply the power of the ritual. They certainly are not incidental to the ritual itself, because while *brit milah* marks the beginning of the individual’s moral career, initially its real impact is on the family, friends, and local community, whose members become singularly and jointly responsible for that career.

The commandment to circumcise all males is repeated twice in the Torah. In Genesis 17:10, we read: “This is My covenant that you shall keep between Me and you and your offspring after you: Every male among you shall be circumcised.” Then later in Leviticus 12:3, we read: “And on the eighth day, the flesh of his foreskin shall be circumcised.”

At the outset we might ask, why should we be commanded to circumcise on the *eighth* day—even when the eighth day falls on Shabbat?

Or Hachayim (Rabbi Chaim ben Attar, 1696-1744) teaches that the commandment is repeated to say that, “the Sabbath was not to take precedence over circumcision on the eighth day.” And from the Talmud we learn that, “. . . The Rabbis disagree with Rabbi Eliezer only in respect of the preliminaries of circumcision [which he would allow on Shabbat]; but as for circumcision itself, all hold that it supersedes the Sabbath. . . .” (Shabbat 132a)

The connection between Shabbat and the covenant of circumcision should be the least of surprises to us. Certainly the basic meaning of Shabbat is that the Creation does not represent continuous random, haphazard cosmic development, but that God is the author and authority of Creation, including humankind—all being subject to God’s will. And that authorship and authority was demonstrated for us cosmically by God’s *ceasing* to create on Shabbat, marked by the permanence of scientifically validated laws and constants, such as gravity and the mass of electrons. The dedication of a new life on Shabbat to the Abrahamic mission of furthering the rule of God’s law is, therefore, entirely apropos.

The context of our question about the eighth day is the preceding verse (Leviticus 12:2) specifying that a woman who has given birth to a male child is ritually impure (*רָאשָׁה*) for seven days afterwards. Ritual impurity is to be understood, of course, not as some kind of physical miasma, but the symbolic communication of the overwhelming power of nature, paradigmatically associated with death, that leaves us implicitly or explicitly imagining ourselves to be without moral freewill.

The days immediately following the birth are marked by one and all—parents, family, friends, and community—with a sigh of relief, that mother and child are both well, a time of recovery from the emotional exhaustion that accompanies the worry associated with the life-threatening experience of childbirth. So the passage of seven days allows for the passing away of the mother’s fear and depression that potentially undermines or at least diverts attention from moral spirituality—the essence of the ritual impurity of childbirth (*טְוִימָה לֵבֶת*)—in favor of the energy and enthusiasm associated with everyone’s dedication to focus their own sustained support for the moral career of the newborn in furthering the Abrahamic mission.

Withal, Rabbi Hirsch provides a much larger context for *brit milah* on the eighth day: The eighth day represents the creation of Israel, which “. . . follows directly on the seven earlier works of creation as their continuation and as the instrument for their completion. . . . Israel represents the beginning of God’s work in history, the beginning of God’s Kingdom on earth.” The child on the eighth day is said to enter a new phase of life, not only of sexual control, but of bodily control generally—to which he must be educated. Thus on the eighth day the infant becomes qualified to be consecrated as a Jew. In effect, the eighth day symbolizes a new beginning for the spiritual “. . . survival of Israel for its God and for its mission”—enabled by the consecration of a new soul dedicated to achieving a “higher, independent level of a human being.”²²

Not incidentally, the language of the *mitzvah* (commandment) of circumcision includes “every male” (Genesis 17:10), which intentionally excludes the practice of female circumcision (i.e., clitoridectomy).

But precisely what connection exists between the commandment of *brit milah* and the moral career of a Jewish man?

One place to begin getting an answer to that question is in the meaning of the words “*brit milah*.” Of course, a *brit* is a covenant, but notably it’s one that is absolute, to be fulfilled regardless of external circumstances. *Milah* (*מִלָּה*) is from the Hebrew root *ל-נ-מ*, which means to oppose, restrict, or limit. But *ל-נ-מ* also has the meaning of being face-to-face.

So we may understand *brit milah* not as a symbol of denial, but of bringing us face-to-face with God’s limitations and boundaries.

Like all other religious rituals, *brit milah* is a formal ceremonial means to communicate to ourselves symbolically that which we value most, and how we intend to practice and protect it. As Jews, what we value most highly is that, unlike animals,

²² See Samson Rafael Hirsch, *The Collected Writings*, Vol. III: pp. 105-11 (Nanuet, NY: Feldheim Publishers, 1984).

we are free-willed moral spiritual beings, created in the image of our Creator. We are *not* compelled by irresistible physical forces, and thus not to be selfishly dedicated only to our own physical needs and survival. But on the contrary, we can use our moral freedom to live by our covenant with the Creator who made and sustains us.

To the sacred purposes of that covenant as revealed in the Torah—which may be summed up with the shorthand of *chesed* and *tzedek*, loving-kindness and justice—the purposes of male sexual energy are to be consecrated. That being the case, a Torah-observant Jewish man doesn’t commit adultery, sexual exploitation, lewdness or lasciviousness, and our history confirms that Jewish manhood has represented distinctively different values than those of the other nations.

We take our behavioral model from the Talmud, which teaches that at the outset of our peoplehood Abraham achieved complete mastery over his body by *brit milah*. (Nedarim 32b) And, presumably not incidentally, it was only after his *milah* that the Torah relates his dedication to *mitzvot* (commandments) of loving-kindness directed to the three travelers.

When we assume the requirements of *brit milah*, we symbolically reaffirm to ourselves not the denial of our bodies and their natural drives, but that we use them according to the moral spirituality of God’s law. We acknowledge thereby a duty to be on the path of God’s law, to walk before God and be pure—*הזהלך לפני ה' תמים* (Genesis 17:1). In this way we sanctify the body, make it *kadosh* (קדוש)—holy, separated and set aside for a special purpose, so the body does not direct the spirit, but the spirit directs the body—to serve God and all of God’s creation.

As Rabbi Hirsch observes, “performing the act [of *brit milah*] only . . . achieves its full purpose when it is . . . taken to heart as such and the idea it expresses becomes a reality for us.”

As we have already noted, however, the ritual, at the time it is performed, is not primarily for the child’s immediate benefit. The *Sefer haHinnuch*

teaches that the “root reason” for the precept and procedure was that God wanted to place in the *people* “a permanent sign in their bodies to differentiate them from the other nations. . . .” (Our emphasis.) The commentary of Sforno (Rabbi Ovadia ben Yaakov, 1470-1550) is that the sign of the covenant is made “in the organ whereby the species is perpetuated,” symbolizing the “continuity of the covenant among later generations” (following Abraham and Sarah). (Sforno on Genesis 17:13) And certainly, if generations of Jews had failed to carry on the practice from one generation to another as a *national* commitment, we wouldn’t have inherited it. And Rabbi Hirsch reminds us that “בריתו של אברהם אבינו מלֵה [the covenant of Abraham our father—*מלֵה*] marked the beginning of our very existence as a nation.” (Hirsch on Pirke Avot 3:15).

Rabbi Nosson Scherman teaches that circumcision is “a mark on the body, stamping its bearer as a servant of God. . . . placed on the reproductive organ to symbolize that circumcision is essential to Jewish *eternity*.” (Our emphasis.)

What role does *brit milah* play day-by-day to ensure Jewish eternity—or the lack of it?

A rabbinic colleague has reported a conversation between herself and some Jewish teenagers about one of their uncircumcised Jewish friends.

One of the teenage boys says of the uncircumcised friend: “Bennie’s started talking about dating only *non-Jewish* girls, because he will seem normal to them. But Bennie wants to be Jewish, he cares about it. We keep wondering, what were his parents thinking?”

Later our rabbi colleague asks Bennie: “What reason did your parents give you for not having a *brit milah*? ”

And the teenager answers: “They said they didn’t want me to be hurt.” Then he starts to raise his voice: “What were they thinking? I’d already been squashed through a birth canal hard enough to look like a shmooshed elf at birth. You can see it in the Polaroids! That’s got to leave an impression. Maybe mom should have had a c-section to save me the distress?”

* This article has been updated several times since its original publication in the *National Jewish Post & Opinion* of March 15, 2006.

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